ST. MARY'S NURSING HOME

3515 WEST HADLEY

MI LWAUKEE 53210 Phone: (414) 873-9250	)	Ownershi p:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	97	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	97	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	72	Average Daily Census:	86

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	37. 5
Supp. Home Care-Personal Care	No	n 1 , 1 n 1 1 1 1 1		TI 1 05		1 - 4 Years	30. 6
Supp. Home Care-Household Services		Developmental Disabilities	0. 0	Under 65	23. 6	More Than 4 Years	31. 9
Day Services	No	Mental Illness (Org./Psy)	5. 6	65 - 74	20. 8		
Respite Care	No	Mental Illness (Other)	6. 9	75 - 84	22. 2		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	19. 4	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1.4	95 & 0ver	13. 9	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0. 0	ĺ	ĺ	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	Yes	Fractures	4. 2	İ	100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	5.6	65 & 0ver	76. 4		
Transportati on	No	Cerebrovascul ar	8. 3			RNs	10. 9
Referral Service	No	Di abetes	1.4	Sex	%	LPNs	19. 7
Other Services	Yes	Respi ratory	5. 6			Nursi ng Assi stants,	
Provi de Day Programming for		Other Medical Conditions	61. 1	Male	27.8	Ai des, & Orderlies	47. 3
Mentally Ill	No			Female	72. 2		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No			ĺ	100. 0		
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## Method of Reimbursement

	Medicare Medicaid (Title 18) (Title 19)			0ther			]				Family Care			Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	7	100.0	336	46	80. 7	135	0	0.0	0	2	100.0	140	0	0.0	0	0	0.0	0	55	76. 4
Intermedi ate				3	5. 3	135	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	4. 2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	i 0	0.0	0	8	14. 0	526	0	0.0	0	0	0.0	0	0	0.0	0	6	100.0	625	14	19. 4
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		57	100.0		0	0.0		2	100.0		0	0.0		6	100. 0		72	100. 0

ST. MARY'S NURSING HOME

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	ions, Services, a	nd Activities as of 12	/31/01
Deaths During Reporting Period		`					
		ľ		(	% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	si stance of	% Totally	Number of
Private Home/No Home Health	12. 9	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	18. 1		66. 7	15. 3	72
Other Nursing Homes	11.3	Dressi ng	23. 6		61. 1	15. 3	72
Acute Care Hospitals	46. 8	Transferring	38. 9		50. 0	11. 1	72
Psych. HospMR/DD Facilities	0.0	Toilet Use	36. 1		50. 0	13. 9	72
Rehabilitation Hospitals	0.0	Eati ng	36. 1		47. 2	16. 7	72
Other Locations	29. 0	*************	******	*****	******	********	******
Total Number of Admissions	62	Conti nence		%	Special Treatmen	nts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	8. 3	Receiving Resp	oi ratory Care	4. 2
Private Home/No Home Health	43.6	Occ/Freq. Incontinen	t of Bladder	59. 7	Recei vi ng Trad	cheostomy Care	1.4
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	37. 5	Receiving Suct	ti oni ng	1. 4
Other Nursing Homes	17. 9	_			Receiving Osto	omy Care	2. 8
Acute Care Hospitals	17. 9	Mobility			Recei vi ng Tube	e Feeding	13. 9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	0.0	Receiving Mech	nanically Altered Diets	s 29. 2
Rehabilitation Hospitals	0.0	Ì			· ·	·	
Other Locations	6. 4	Skin Care			Other Resident (	Characteri sti cs	
Deaths	14. 1	With Pressure Sores		9. 7	Have Advance I	Di recti ves	48. 6
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	78	ĺ			Receiving Psyc	choactive Drugs	44. 4

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

\* Ownershi p: Bed Size: Li censure: 50-99 Skilled Al l Thi s Nonprofit Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 88.7 88. 9 1.00 86. 3 1.03 82.7 1.07 84. 6 1.05 Current Residents from In-County 84. 7 88. 1 0.96 89. 4 0.95 **85**. 3 0.99 77. 0 1. 10 Admissions from In-County, Still Residing 25.8 22.9 1. 12 19. 7 1.31 21. 2 1. 22 20.8 1. 24 Admissions/Average Daily Census 72. 1 129.6 0.56 180. 6 0.40 148. 4 0.49 128. 9 0.56 Discharges/Average Daily Census 90.7 133.7 0.68 184. 0 0.49 150. 4 0.60 130.0 0.70 Discharges To Private Residence/Average Daily Census 39. 5 47.6 0.83 80.3 0.49 **58.** 0 0.68 52. 8 0.75 Residents Receiving Skilled Care 76. 4 90. 5 0.84 95. 1 0.80 91.7 0.83 85. 3 0.90 Residents Aged 65 and Older 76. 4 97.0 0.79 90.6 0.84 91.6 0.83 87. 5 0.87 Title 19 (Medicaid) Funded Residents 79. 2 **56.** 0 51.8 64. 4 1.23 68. 7 1.41 1. 53 1. 15 Private Pay Funded Residents 23.8 22. 0 2.8 35. 1 0.08 32.8 0.08 0. 12 0.13 Developmentally Disabled Residents 0.0 0. 5 1.3 0.00 0. 9 7. 6 0.00 0.00 0.00 Mentally Ill Residents 12.5 30.9 0.40 32. 1 0.39 32. 2 0.39 33. 8 0.37 General Medical Service Residents 61. 1 27.3 2.23 22.8 2.68 23. 2 2.64 19. 4 3. 15 Impaired ADL (Mean) 41.9 50.3 0.83 50. 0 0.84 51.3 0.82 49.3 0.85 Psychological Problems 44. 4 52.4 0.85 55. 2 0.81 50. 5 0.88 51. 9 0.86 7. 2 Nursing Care Required (Mean) 7.8 7. 1 1. 10 7. 8 1. 00 1.08 7. 3 1.06